

Side One

Tape: DeBakey on China

Don Schanche and Dr. Michael DeBakey

SCHANCHE: Did you ever stop, when you were places, for instance when you drove out to the Great Wall, the doctors would say "stop the car, let's talk to these peasants here." ?

DR. DeBAKEY: Yeah, yeah.

SCHANCHE: Were there any, you know, what I'm missing here altogether, are involvements, personal involvements with people; the kind that sort of, you know the kind of human anecdote that um....

DR. DeBAKEY: Well, there weren't any really personal involvements with people. You see, you know, it was just an opportunity to observe and the involvements were just discussions from time to time with, like with Dr. Wu about the Cultural Revolution, what has transpired and with what they were doing. It wasn't any involvements of a personal nature. It just didn't occur.

SCHANCHE: Were there Chinese people going through some of these things when you were doing it? When you visited the Wall and went through the Ming Palace?

DR. DeBAKEY: Oh, there were lots of Chinese visitors. For example, when we went to the Forbidden City, large numbers of them. Some of them were children being guided by, you know, some uh, obviously a teacher or something like that, taking them through. Yes, large numbers of

DR.DeBAKEY: Chinese at The Wall.....

SCHANCHE: They act like school children in any place on a field trip?

DR.DeBAKEY: Yeah, yeah, that's right. Yeah.

SCHANCHE: Except that they were all dressed in uniforms?

DR.DeBAKEY: Well, you see, everybody dresses pretty much the same. They have Mao jackets and pants; and the women dress the same way. Now, they're not always the same color; the great majority of them are blue, They wear this blue cap, you know, Mao cap. And you know, its a, a kind of, you get the impression their effort is strongly to make it a class of society, a uniform society.

SCHANCHE: Do you get a feeling of dullness as a result of this, a lack of variety?

DR.DeBAKEY: Yes, sure, you can't help it, but feel this certain amount of drabness or dullness. The architecture, generally most of the architecture that you see, is drab and uninspiring.

SCHANCHE: Purely functional, plain buildings.

DR.DeBAKEY: Yeah, I made comments to them a couple of times.

DR. DeBAKEY: I said, you know, what a shame so much of the architecture is rather modern, really uninspiring type of architecture when you have in your history such perfectly beautiful architecture. The Forbidden City is a magnificent architectural structure. And they said it is beautiful, isn't it, but its too costly.

SCHANKE: The Revolution doesn't have time...uh, resources for this. Are most of these buildings, are kind of, just plain concrete, and buildings with windows in them?

DR. DeBAKEY: Yeah, just straight box-like structures.....

SCHANKE: Funny thing---did you note the heat in them?.....

DR. DeBAKEY: Uh, the heat sometimes seemed to be off...and so, some of my people, I didn't particularly complain about the heat, they did, or the lack of it, rather. And, of course, the bus, for example, was not heated and it was cold in the bus. Uh, the water was not turned on, the hot water, sometimes.

SCHANKE: In the hotel?

DR. DeBAKEY: Yeah, there were just certain hours when you could get hot water. But, generally speaking, the hotel was rather comfortable and certainly kept clean.

SCHANCHE: Services adequate?

DR. DeBAKEY: And the service was excellent. You know, I got a suit pressed, asked to get it as soon as possible and they took it, I think one afternoon and I had it back the next morning.

SCHANCHE: I thought you were going to say you had it back in ten minutes.

DR. DeBAKEY: Well, no. Shirts the same way. I had some shirts cleaned, and the next day they had them for me, all nicely pressed.....

SCHANCHE: You didn't have language problems in the hotel?

DR. DeBAKEY: No. No, they had enough interpreters and they wouldn't accept any tips. Nobody would accept any tips and it was probably forbidden.

SCHANCHE: Did you attempt to tip?

DR. DeBAKEY: Well, I asked the interpreters to be sure, and they said no, don't do that.

SCHANCHE: Did you, uh, did you see family groups of Chinese sightseeing or.....

DR. DeBAKEY: Oh, yes, you'd see them on the streets. Yeah. Children. Lots of children, you know, on the streets,

DR. DeBAKEY: with a family. Sometimes they'd be riding a bicycle with them.

SCHANCHE: Were you conscious of vast numbers of people?

DR. DeBAKEY: No, as a matter of fact, you don't get the same impression you get in India, for example, of crowding. Its just the opposite, you don't. In spite of the large population you see, you don't get that.... you don't even get crowding sense you get in New York.

SCHANCHE: Uh, huh. Its fairly open and clean.

DR. DeBAKEY: Yeah, Of course, the avenues are big; especially in the downtown area. And as you move out into the country, you get a sense of openness more and more.

SCHANCHE: Your figures on the background of Chinese medicine, I gathered come entirely from the Chinese Ministry of Health?

DR. DeBAKEY: Yeah, that's what they gave us.

SCHANCHE: Where in 1947 there are 9,000 qualified physicians.....

DR. DeBAKEY: That's what they said, yes.

SCHANCHE: This whole account is what they told you?

DR. DeBAKEY: What they told us, that's right.

SCHANCHE: Did they....Did the Ministry of Health go into the Cultural Revolution and the re-education and this sort of thing.....

DR. DeBAKEY: Yes, yes they did to some extent.

SCHANCHE: Was this a kind of briefing?

DR. DeBAKEY: Yeah, we asked to be briefed on this area, and they gave us that whole morning of briefing.

SCHANCHE: Who did the briefing?

DR. DeBAKEY: A representative of the Ministry of Health, I've forgotten his name now, but I have it some place. In...right from his office, you see.

SCHANCHE: Oh, you went to his office?

DR. DeBAKEY: No, no he came to the hotel. Yeah, they had a little auditorium or a big room up on the top floor of the hotel, tenth floor. And they would serve tea all through, you know, constantly, everywhere you went they were serving us tea.

SCHANCHE: Was it good?

DR. DeBAKEY: Yeah, it was good tea.

SCHANCHE: You just didn't need so much of it?

DR. DeBAKEY: Yeah, that's right.

SCHANCHE: Uh, was there a, uh, a feeling of the kind of merging of the primitive state and the sophisticated state all at one hand, or, for example, your impression of buildings which were very functional, no conformance, note the drabness of this outgrowth of their poverty. Did you feel anything on the present primitiveness of the Chinese society, or merely a difference?

DR. DeBAKEY: No, I think, in the first place, I think you've got to keep in mind that the Chinese society is not primitive. Its a very old civilization, an old society. The fact that they have been a....that the great majority of people have lived in a sort of semi-futile, semi-colonial state for centuries, doesn't take away from them the fact that they have had a long history of civilization.

SCHANCHE: Right.

DR. DeBAKEY: And secondly, that they are, uh, have a background of high intelligence. You know, they discovered paper, they discovered dynamite, they had a pretty high, sophisticated understanding of, you know, of astronomy, mathematics, and so on. So, its no undeveloped country.

DR. DeBAKEY: Its simply not....it has not developed industrially until recently.

SCHANKE: Well, of course, throughout history the great masses have lived.....

DR. DeBAKEY: Have lived, that's right, lived on a farm.

SCHANKE: And presumably they still do live under somewhat primitive conditions.

DR. DeBAKEY: That's right.

SCHANKE: In medical care and the financial support for medical care, you mentioned free systems. Without a kind of benchmark comparative dollar benchmark, that is how much does it actually cost an individual to buy labor insurance?

DR. DeBAKEY: Well, its very small amount that he pays, you see, the worker. And its done, sort of on a collective basis. If he is a worker in the factories, its done through the factory; if he's a worker on a commune, its done by the commune. You see, and the family, his family, gets part of this care taken care of, but he has to pay half of the care, and its a very small amount of money that he pays.



SCHANCHE: But you really don't know how much? You mentioned here that the peasants, the farmers, pay about 50 cents. I guess you mean per.....

DR. DeBAKEY: Yeah, per individual.

SCHANCHE: Per visit or year per individual or what...did they explain?

DR. DeBAKEY: No, this is what he pays if.....

SCHANCHE: If he has to visit a doctor, that's 50 cents.

DR. DeBAKEY: Yeah, that's right. I think its less than 50 cents, I've forgotten what I said there, but.....

SCHANCHE: You said they pay about 50 cents.

DR. DeBAKEY: For what?

SCHANCHE: But you don't specify...this is for medical,uh, this is for service in the medical service system.

DR. DeBAKEY: Oh, that's what he pays, I think, annually. That's what he pays as his part of being in the system, you know, insurance. No, I think that's all he pays either annually or monthly, I've forgotten. There's some reference to that in that article, too. You might check that.

SCHANCHE: When you got down and visited the barefoot doctors, did you see any treatments they were giving or did

SCHANKE: you see them treating patients?

DR. DeBAKEY: Yes, we saw the, treating some patients; there were some patients in the clinic and also some patients in this hospital, the commune hospital. We saw one patient that, uh.....all the patients we saw were medical cases, and they were treating them with some herbs and things of that sort. Uh, but they did tell us, and I refer to that, this barefoot doctor occasionally did an apendectomy.

SCHANKE: Yeah, you mentioned that.

DR. DeBAKEY: Yeah, had been trained to do it technically and was able to do it. This is unusual, though, there aren't many barefoot doctors operating.

SCHANKE: You also were quite surprised at the lack of sterile conditions in the commune.

DR. DeBAKEY: Yes, well, they had a stove, an open stove in the operating room, you know, it didn't look too clean. Actually, it didn't look like it had been used very much and therefore hadn't been cleaned recently.

SCHANKE: Yeah.

DR. DeBAKEY: That's the way it looked.

SCHANKE: Did you see....could you see when, you know, as you watched the barefoot doctor with these patients, did you make a judgment as to the professional and the quality of the care this person was given?

DR. DeBAKEY: I would say that it probably was adequate for the condition of the patient; the patient didn't look very sick, and actually was supposedly complaining of a cold or something in his chest and the doctor was giving him some herbal medicine for it.

SCHANKE: At the very least they're trying not to do anything to hurt the patient.

DR. DeBAKEY: Nothing harmful. That's right. And secondly, if its serious enough, they'll refer them. Then too, usually there is a doctor around, you see, they rotate these doctors from the city to come out there and stay awhile.

SCHANKE: Did you see much of the medical education of, other than their describing to you, the types of medical schools and how they.....

DR. DeBAKEY: No, I didn't actually see it.

SCHANKE: You really didn't get to?

DR. DeBAKEY: No.

SCHANKE: Did they show you curriculum in medical school?

DR. DeBAKEY: They told me, described it.

SCHANKE: How did it sound?

DR. DeBAKEY: Well, it sounds like its pretty condensed. Three years, you see, only nine months of real course work, the rest of the time is sort of practically oriented. Some of which, actually, they work as a farmer or as a factory worker.

SCHANKE: Does this indicate that there is a, I know they, when you say so, they want to get a maximum number of doctors trained in a minimum amount of time. And they're looking for minimal training and then they will take specialty training from there.

DR. DeBAKEY: Later, that's right. I asked them what they thought of this and they said, well, they're experiments, they don't know whether its going to be good or not, but they needed to experiment. And this is what the Cultural Revolution did.

SCHANKE: Didn't the Russians, the Soviet Union, do essentially the same thing but not as.....in a different way..... I mean, that they turned out large numbers of.....

DR. DeBAKEY: No. Well, those are what we call felshere. They are the middle and the Chinese have the middle doctor.

DR. DeBAKEY: They call them Middle Doctors. They've cut those down though, they used to be trained, I think, in four years. They've cut them down to two years.

SCHANKE: Did they go into any detail about how they trained their barefoot doctors? So that you could get a feeling for.....

DR. DeBAKEY: Well, they train them locally. The doctor that goes out there, trains them and talks to them and then they may bring him in to a hospital and have him spend two or three months in the hospital. They may even give him some discussions on anatomy and physiology and you know, first aid, and that sort of thing. But a lot of it, they learn on a practical basis locally.

SCHANKE: The first barefoot doctor you mentioned in this diary is a woman or a girl. Could you describe her? Was she rather young?

DR. DeBAKEY: Yes, she was rather young. She was about twenty-two or twenty-three. And, she was smiling and obviously enthused about what she was doing and glad to show us what she was doing.

SCHANKE: Was she barefoot?

DR. DeBAKEY: No. No, you see, the barefoot only is a term and none of them are really barefoot.

SCHANCHE: I know.

DR. DeBAKEY: This comes really from the original group who worked in the rice paddies barefoot, and Mao really made the term and he sort of applauded these barefoot doctors. So they take a great pride in calling themselves barefoot doctors.

SCHANCHE: I'm going to go on through this, Mike, I know that you feel sometimes that I'm aimlessly wandering through what you're doing, but its kind of necessary. You know you can't systematically establish twenty questions and solve all the problems.

DR. DeBAKEY: Yeah.

SCHANCHE: It's like trying to do surgery without knowing what's inside. We got up to the point in your diary of their population planning. I wondered if they had not said anything about population goals because this is kind of news....the fact that they're involved in population planning is talked about.

DR. DeBAKEY: Well, they obviously are involved in population planning because family planning is a very important aspect of their program. And there is no question that they are doing something about it. See they're making available contraceptions free....

SCHANCHE: Well, they have been for some time....

DR. DeBAKEY: And they have these family planning centers and the have lowered, or rather increased the age of marriage. And they are recommending that you have only two children spaced four years apart. I mean, this is obvious in their plan. Now, just what their goal is, as to whether or not their plan is to have no growth, well that's another matter, they didn't say that.

SCHANCHE: All they said was what you have here?

DR. DeBAKEY: That's right. But it seems to me if they are recommending only two children, that's pretty close to saying.....

SCHANCHE: Yeah, well, that's one per cent below zero population growth. I just wondered if they had elaborated at all. Also, your figures for infant mortality of 100 per

SCHANCHE:       thousand and 200 in the city and 200 per thousand world...certainly is awfully high.

DR. DeBAKEY:     That's what they said.   That's what they said.

SCHANCHE:       Have you ever seen figures that high?

DR. DeBAKEY:     Well, I don't recall.....

SCHANCHE:       'Cause I know in                      and areas like that, they ran about 80 or 90.

DR. DeBAKEY:     I don't know, that's what they said.   It's hard to know, I was just quoting them.

SCHANCHE:       They're very high rates.

DR. DeBAKEY:     You see, I don't really believe they had very good rates before the Revolution.

SCHANCHE:       They didn't have very good figures?

DR. DeBAKEY:     They didn't have very good figures, you see, and those are estimates, probably, or they maybe rated certain areas where they had possibly some figures.

SCHANCHE:       When you were visiting small factories and farms and communes and so forth, you mentioned at one point, and this is in a factory where they're making electric motors, that the employees all stood and applauded you.



DR. DeBAKEY: Yeah, that's right, as we walked in.

SCHANCHE: Was that kind of a set up.

DR. DeBAKEY: I don't.....

SCHANCHE: Or how did it strike you?

DR. DeBAKEY: Well, it struck us as evidence that they had planned our visit and they were honored to have us and this is their way of welcoming you. You know, for example, the children were lined up---were on the farms that we went to, the communes--and they obviously were either coming from or going to school. And they were lined up, when we went by they, the kids, started clapping.

SCHANCHE: How did they look?

DR. DeBAKEY: They looked happy and.....

SCHANCHE: No flower bearers?

DR. DeBAKEY: Smiled, yeah, they all smiled.

SCHANCHE: All very tiny children?

DR. DeBAKEY: They varied from about six to maybe ten, twelve.

SCHANCHE: Was this early in the morning ?

DR. DeBAKEY: No, this was late in the afternoon.

SCHANCHE: But they had been probably mustered to greet you.

DR. DeBAKEY: Yeah, I'm sure. Well, that isn't quite true everywhere we went, because in some places you could see the

DR. DeBAKEY: crowd sort of gathering as we came up. Children had obviously been playing in the yard and they came up curious to see us. A lot of it was curiosity.

SCHANKE: Did you have a feeling at any time that you were being given the typical village group--shown lots of very carefully planned sites?

DR. DeBAKEY: Well, they planned our program. But we never got the impression that they were trying to cover anything. Because they were quite open whenever we asked questions about certain things. They'd simply say well we really don't know.

SCHANKE: No reticence at all?

DR. DeBAKEY: No.

SCHANKE: I asked you this morning about herb medicines----whether you had seen any demonstrations in herbal therapies.

DR. DeBAKEY: They showed us the pharmacy.....

SCHANKE: Showed you the medicine?

DR. DeBAKEY: Yeah, they showed us the medicine, and they showed us that they were dispensing them.

SCHANKE: When you visited the farmer's house which you described, what was it like actually---the mother and child apparently were there and the farmer was

SCHANCHE: out working. Was her duty apparently just child care or was she also a farm worker?

DR. DeBAKEY: Well, they're all workers....they all work on the farm. Women work on the farms, too. She was at the house to show us the house, because they had planned for us to see the house. We had expressed some interest in seeing one of the houses, farm houses, and it's a fairly typical farm house.

SCHANCHE: What was the villager commune like, in which this house was set?

DR. DeBAKEY: Well, it's in the country and there are farm lands all around it and there'll be maybe groups of possibly four to ten, twelve houses in an area. And then another group of four to ten, twelve houses in another area. And they have their individual homes, though.

SCHANCHE: A family in one home?

DR. DeBAKEY: That's right.

SCHANCHE: Was there evidence of breakfast having been cooked?

DR. DeBAKEY: No, it was all clean, absolutely clean. There wasn't anything there at all.

SCHANCHE: No pots and pans?

DR. DeBAKEY: No.

SCHANCHE: Do they apparently cook on their open fire?

DR. DeBAKEY: Yes, they cook on their open fires.

SCHANCHE: Was the barefoot doctor, the girl barefoot doctor, you talked to, kind of interested me, you know, just in terms of describing her. You told me this morning she was young.

DR. DeBAKEY: Yeah, I would say she was maybe twenty-six, twenty-seven.

SCHANCHE: Do you suppose you could tell if she was married?

DR. DeBAKEY: That I don't know. I don't remember asking her and she didn't volunteer the information.

SCHANCHE: In that Medical World News story they had broken down the kinds of, kind of barefoot-type doctor---- the barefoot doctor on the farm, the factory or industrial equivalent and the housewife as sort of a red guard doctor.

DR. DeBAKEY: Yeah, well the red guard doctors are a little different. They are sort of community health workers.

SCHANKE: In the cities?

DR. DeBAKEY: In the cities, usually. And they are, kind of look after the health in that little area. And they take it upon themselves to advise on health and hygiene. Sometimes advise on family planning--- and do simple, sort of health community-type of activity.

SCHANKE: Did this barefoot doctor, the girl, describe her professional duties to you?

DR. DeBAKEY: Yes, she told us that she does whatever comes in. In other words,....

SCHANKE: She sort of runs an aid station.

DR. DeBAKEY: Yeah, that's right. And she has done some surgery, too.

SCHANKE: Yeah, you said thirty apendectomies.

DR. DeBAKEY: She had done about thirty.

SCHANKE: Did she describe her technique?

DR. DeBAKEY: No.

SCHANKE: Was she at all proud or phased.....

DR. DeBAKEY: No, she seemed rather proud of what she is doing.

SCHANKE: She didn't seek you advice.....on how to stitch?

DR. DeBAKEY: No.

SCHANCHE: You didn't make rounds with her or see any patients.

DR. DeBAKEY: No, we saw some patients in that little hospital, though.  
They were in the rooms.

SCHANCHE: You said this morning, they were the sort of people  
who had colds.....

DR. DeBAKEY: Yeah, things like that and they had families with them.  
The families sort of nursing them.

SCHANCHE: Is that a common practice?

DR. DeBAKEY: Common practice, yeah, that's right. Brings them  
food and that sort of thing.

SCHANCHE: Now, is this true also in the big teaching hospitals?

DR. DeBAKEY: No, there they run it pretty much like we run our  
hospitals.

SCHANCHE: There was also in this same place a clinic run by  
a traditional medical doctor.

DR. DeBAKEY: Yeah, he was there.

SCHANCHE: He was a galenist or herbalist, right?

DR. DeBAKEY: Yeah, and he, well, you know, he said that he acts  
like an internist. He examines the patients, he feels  
their pulses, and gets their histories and then he  
prescribes for them, or if he feels it's a surgical  
matter, he'll call the surgeon to see them or refer them.

SCHANCHE: You also say he refers some of the surgery to the barefoot doctors.

DR. DeBAKEY: Yeah, that's right.

SCHANCHE: It's sort of sending it down the line, rather than up.

DR. DeBAKEY: Well, not necessarily, because she's pretty well trained. She was a better trained barefoot doctor than any of them. She'd been a barefoot doctor for some years.

SCHANCHE: Had he been re-educated yet or had he had any modern medicine along with his.....

DR. DeBAKEY: Well, they all get a certain amount now, yes.

SCHANCHE: As far as he was concerned, you don't know that he had.

DR. DeBAKEY: No, I don't know whether he had.

SCHANCHE: You come now, after these visits with the barefoot doctor, to your lecture which you obviously went prepared to give lectures. They had asked you to?

DR. DeBAKEY: I was prepared, oh, yes.

SCHANCHE: Had they asked you to?

DR. DeBAKEY: Yes. And they had indicated in the invitation, when they knew I was coming, to be prepared to give some lectures. So I brought slides.

SCHANCHE: You had to bring your own equipment?

DR. DeBAKEY: No, no they had the equipment and movies. No, they showed it and had the equipment for it.

SCHANCHE: What do you actually...what did your lecture encompass?

DR. DeBAKEY: Well, I talked about coronary artery disease and I talked on aneurysms of the aorta and occlusive disease. And on valve replacements.

SCHANCHE: Did you sort of tailor it to what you thought was....

DR. DeBAKEY: No, I talked as though I was talking to any other group.

SCHANCHE: You didn't worry about getting too sophisticated, did you?

DR. DeBAKEY: No.

SCHANCHE: And you talked for a solid two hours?

DR. DeBAKEY: Two hours, yes.

SCHANCHE: Was there a question and answer period?

DR. DeBAKEY: I indicated I'd be glad to answer some questions and they asked a few questions.

SCHANCHE: What kinds of questions?

DR. DeBAKEY: Well, I've forgotten now, but they were.....

SCHANCHE: Were they informed questions?

DR. DeBAKEY: Yeah, they were informed, they were good doctors. You know, they weren't the.....

SCHANCHE: It wasn't just polite questions?



DR. DeBAKEY: No, no they asked about indications for certain things and what the experience had been in terms of results, long terms, subjects and so on. See they read the....

SCHANKE: What were they mostly interested in--things that they weren't doing in China or....

Dr. DeBAKEY: Yeah.

SCHANKE: Or in results of things they worked on.

DR. DeBAKEY: No, anything I talked on, they weren't doing.

SCHANKE: Like coronary artery....

DR. DeBAKEY: Valve replacements.

SCHANKE: When you watched Dr. Wu....you watched a, what kind of operation was that, it was on the bypass, at Dr. Wu's hospital. As a professional how would you judge the technique of this surgeon?

DR. DeBAKEY: Very good. Technically, they did a good job.

SCHANKE: Did they use a full team? Or did they...use one man?

DR. DeBAKEY: Yeah. No, no..they had a full team--they had three or four assistants.

SCHANKE: Students, also?

DR. DeBAKEY: No, none of these were students.

SCHANKE: Well, you mentioned a pace-maker. What kind of pace-maker?

DR. DeBAKEY: Its a fixed-rate pace-maker. They haven't got the others and it's for temporary use really.

SCHANCHE: Not a fully implanted one?

DR. DeBAKEY: No, not the ones they showed me. This was for temporary external....yeah, it's really for use in emergency cardiac work. They really don't have a good setup for coronary care, intensive care.

SCHANCHE: But they seem to be becoming concerned about this.

DR. DeBAKEY: That's right, and they're planning to do it.

SCHANCHE: Did they talk about this very much?

DR. DeBAKEY: Yes, they told us that they were planning on doing it and were going to be set up for it in these hospitals. The impression you got, you see, was that the Cultural Revolution kind of put a stop to a lot of these things.

SCHANCHE: Right, I want to come to that.... Let's just get this detail out of the way---you mentioned the angiographic studies of the patients in saying they were quite good---was this as.....you had been critical of the Russians, I think, on some of their.....

DR. DeBAKEY: Well, the angiographic studies that they had on this particular patient were well done, yes. But, they don't do a lot....but, you see, in another hospital in Shanghai, though, I saw, for example, they operated on this patient without having done even a catheterization on him. They did a clinical diagnosis, happened to be correct and it was right, but we would have catheterized him and done angiographic studies.

SCHANKE: So, this is a very modern technique that they appear to be.....

DR. DeBAKEY: Oh, they can do it.

SCHANKE: The American doctor named George Hatem who you bumped into. Did you talk to him and find out anything about his background----sounds like a very fascinating sort of character----to suddenly crop up in the middle of this island.

DR. DeBAKEY: He went there, I think he said in '33 or '34 and really sort of joined the communist party, became a communist.

SCHANKE: Was he a medical missionary or something?

DR. DeBAKEY: I think, no, when he first went there, he went there to get some experience and he's a dermatologist basically.

DR. DeBAKEY: And, I didn't get into his story too well, in the first place, I didn't have time. Just a little bit... you see, there wasn't time to talk to him.

SCHANKE: What sort of man was he? He must be your age, roughly, to have been.....

DR. DeBAKEY: Yeah, that's right and he married a Chinese girl of a Chinese family, he's a well respected...other Chinese doctors told me they think highly of him, obviously he's done a good job. He's still a communist.

SCHANKE: What kind of an accent did he have?

DR. DeBAKEY: He speaks English perfectly, like an American.

SCHANKE: He was from North Carolina, he doesn't still speak with an accent?

DR. DeBAKEY: No, he speaks, well , like an American, Actually, he, I think he may have been brought up in North Carolina, but he went to school in Buffalo and was some years there. Finished his medical work at Buffalo.

SCHANKE: What kind of medicine is he doing in China?

DR. DeBAKEY: Dermatology.

SCHANCHE: He's still doing dermatology?

DR. DeBAKEY: Yes.

SCHANCHE: Did he talk at all about his background in China?

DR. DeBAKEY: You see, I didn't get a chance to be with him but a few minutes, because it was just in passing that he was there at this hospital. But I was with the Chinese doctors all the time and they were showing us things and so....I didn't get a chance.

SCHANCHE: What did he look like?

DR. DeBAKEY: Oh, he was about average height and a little heavy set; nice looking fellow, you know, very pleasant.

SCHANCHE: Gray hair?

DR. DeBAKEY: Yes.

SCHANCHE: Lot of them, or balding?

DR. DeBAKEY: I think I've got his picture here on the slide I showed you.

SCHANCHE: Oh, he's in that same group?

DR. DeBAKEY: Yeah, you see, that's where I met him.

SCHANCHE: Well, you pointed out Dr. Wu in that slide.

DR. DeBAKEY: Yeah, he's standing right next to me. He's standing between Dr. Wu and me.

SCHANCHE: Oh, I see, a gray haired man in a brown coat.

DR. DeBAKEY: Yeah, a very pleasant fellow.

SCHANKE: Did he have any, you know, burning questions about old colleagues or anything?

DR. DeBAKEY: Well, of course.....

SCHANKE: You didn't have much time..

DR. DeBAKEY: Well, not only that, we didn't have much in common, you know. He is in a different field than I'm in and....

SCHANKE: Oh, when you gave them your....you made another lecture, I guess, when you gave them your heart-lung machine and dacron tubes.

DR. DeBAKEY: Yes.

SCHANKE: Did you anticipate this, that it would be nice to give them this thing, or did you, uh, did someone suggest it would be a good thing to take along, or did someone provide it for you.

DR. DeBAKEY: No, when I had talked with Dr...,uh, with Manton, about going, he's at the China-American Relations Society, he indicated that he thought they would be most interested in anything that I would bring as gifts that is related to my work. And so I made these suggestions, you see, I would bring some valves and

DR. DeBAKEY: some dacron grafts and maybe a heart-lung machine of the emergency type that we've developed here, and he...and it proved to be very appropriate, because they were just delighted with them. They were very pleased.

SCHANKE: They're very expensive gifts. I know the heart-lung machine is very expensive.

DR. DeBAKEY: Well, it was,...yes, but, you see, it was made as a gift from the company. What they did was put it on loan, permanent loan.

SCHANKE: Did you bring extra bags and so forth so that it could be useful?

DR. DeBAKEY: You see, I didn't take that with me. That was shipped.

SCHANKE: Were your grafts and so forth, were these just a small number?

DR. DeBAKEY: Yeah, just samples.

SCHANKE: Was Nanking added to your trip just as a matter of interest.....

DR. DeBAKEY: No, no. That was a part, you see, it was....they had outlined the tour.....Peking, Nanking, Shanghai, Canton, Hwochow; and I didn't get to Howchow and Canton, and the others did.

SCHANKE: Was there any difference in the way they received you in Nanking?

DR. DeBAKEY: No, they were just as warm as they could be. Very cordial.

SCHANKE: When you took the train from Nanking to Shanghai--- how long a trip was that?

DR. DeBAKEY: Well, we left Nanking about 2:00 o'clock in the afternoon and maybe, and got to Shanghai about 5:30, so it was about three and a half or four hours.

SCHANKE: Like Washington to New York.

DR. DeBAKEY: Yeah.

SCHANKE: Anything notable about the train trip? You were in a first class?

DR. DeBAKEY: Yes, in a very comfortable first class compartment.

SCHANKE: Compartment, European style?

DR. DeBAKEY: European style, that's right; very nicely furnished. They had a vase with flowers in it and we were served tea. They have a nice thing there that they do, sort of a custom. They have these large thermos jugs, and they really do work beautifully. I mean, you know, for example, every night, they'd...every



DR. DeBAKEY: morning they'd bring me one in my room at the hotel and that damned thing, the water was steaming hot and the morning after, it was steaming hot.

SCHANKE: They'd conquered the thermos bottle.

DR. DeBAKEY: It really is beautiful....really.

SCHANKE: The thermos gap.

DR. DeBAKEY: That thermos is one of the....everybody commented about how efficient....like to take some of them home.

SCHANKE: What did you have it for....your instant coffee?

DR. DeBAKEY: Yeah, I had it for my instant coffee and tea. They had tea for us, you see. It was very, you know, nice. In the hotel, for example, they had these jugs, its the custom, they had some tea cups, and they had a jar of tea and a spoon. Then you could make your own tea.

SCHANKE: Good tea?

DR. DeBAKEY: Oh, good---delicious.

SCHANKE: Were there other people on that first class train?

DR. DeBAKEY: There were a few others.

SCHANKE: Do you suppose they were government officials.

DR. DeBAKEY: I think so, most likely.

SCHANCHE: I thought they had stamped out that allegiance stuff?

DR. DeBAKEY: No.

SCHANCHE: In what you could see from the train, I gather this is more or less like driving to the Great Wall. You know, you could see scenery.

DR. DeBAKEY: You know, mostly it was farmland. You could see the farmland as you went by.

SCHANCHE: Is that flat country?

DR. DeBAKEY: Pretty flat. There's some rugged country there, not very. But mostly flat. Went through some high hills and things like that. A couple of tunnels.

SCHANCHE: The most interesting operation to me is the one that you saw in Shanghai, with the patient under acupuncture.. on the open heart. And you described him as a very young man.

DR. DeBAKEY: Yeah.

SCHANCHE: Did you get any detail about him or his background.

DR. DeBAKEY: No.

SCHANCHE: What kind of person was he, whether he was a worker or a factory worker?

DR. DeBAKEY: He was a worker of some kind, I don't know.

SCHANKE: You don't know whether he was a rural or city?

DR. DeBAKEY: No.

SCHANKE: Did he express anything that you understood?

DR. DeBAKEY: No.

SCHANKE: Were you there when they prepared him for surgery?

DR. DeBAKEY: Yeah.

SCHANKE: Was he jovial?

DR. DeBAKEY: No, he wasn't really jovial. You know, he wasn't, on the other hand, he was very, sort of stoic and composed; and didn't seem upset in any way.

SCHANKE: You hear of acupuncture patients walking in and walking out of the operating room. Did he walk in?

DR. DeBAKEY: No, he didn't walk out..

SCHANKE: I wouldn't think so after thoracic surgery.....

DR. DeBAKEY: No, I don't...that's an exaggeration, I think, they do sit....I saw one of them sit up after the operation, In fact, we shook hands with him when it was completed.

SCHANKE: That was an abdominal surgery?

DR. DeBAKEY: No, that was the one that had the chest operation on the lung. Now, they brought him in on a cart and took him out on a cart. He was awake.

SCHANCHE: When they begin....you give a pretty thorough description of the procedure that....he seemed drowsy.....

DR. DeBAKEY: That's right, he would sort of close his eyes and he looked like he was asleep most of the time, but from time to time they would awaken him or alert him and ask him a question and he would open his eyes.

SCHANCHE: Well, they did some pretty rough surgery on him. They split the sternum with a chisel and a hammer. Didn't that wake him up? Didn't he react to this?

DR. DeBAKEY: No, he didn't react very much to it, I watched him. See, he was also given some sedation, and how much, you know, the tranquilizing effect that had, its hard to say.

SCHANCHE: Well, wouldn't that be, you know, you've seen a lot of this as a surgeon, but isn't that kind of alarming to a patient, to feel that much force.

DR. DeBAKEY: I don't know how much he felt, because they infiltrated that area with local.

SCHANCHE: Just the impact of the chisel and the hammer would be enough to shake the rib cage.

DR. DeBAKEY: Yeah, I guess so, but it didn't seem to bother him very much.

SCHANKE: It really didn't?

DR. DeBAKEY: No.

SCHANKE: His face remained placid?

DR. DeBAKEY: Yeah.

SCHANKE: That's incredible. Well, didn't that surprise you?

DR. DeBAKEY: Not too much because I wouldn't expect him to.... you know, with the amount of sort of sedation that he had and the local infiltration; and they had told him obviously that he was going to be worked on. They probably prepared him pretty well.

SCHANKE: Even with.....

DR. DeBAKEY: It doesn't hurt him. I don't see how it should bother him too much.

SCHANKE: Even with local anesthesia, wouldn't it hurt a normal patient? Wouldn't it hurt a normal patient when they put the rib spreader on?

DR. DeBAKEY: No. Shouldn't be any pain.

SCHANKE: How was the surgery performed on this man? Was there a team of surgeons?

DR. DeBAKEY: Yeah, there were three or four of them there.

SCHANCHE: How many of them were surgeons?

DR. DeBAKEY: All of them. They were all surgeons. All young assistants obviously.

SCHANCHE: Did they use a scrub nurse or circulating nurse?

DR. DeBAKEY: Yeah, scrub nurse and circulating nurse, they certainly do.

SCHANCHE: A separate person to adjust the lights or was the circulating nurse.....

DR. DeBAKEY: No, that's .....well, she usually does it.

SCHANCHE: How was the technique?

DR. DeBAKEY: Excellent. Very good.

SCHANCHE: The hammer and chisel....is...not something we would use.....

DR. DeBAKEY: Now we wouldn't use that. No, we wouldn't use that, we would use the electric saw.

SCHANCHE: But, is that something that was common when you were a young surgeon?

DR. DeBAKEY: Oh, yeah, we used to use that.

SCHANCHE: But they also had a saw, right? They didn't? Oh,

SCHANCHE: I thought you referred to a Gigli saw.

DR. DeBAKEY: No. That's a Gigli saw. That's a wire really.

SCHANCHE: Used to cut softer.....

DR. DeBAKEY: Yeah.

SCHANCHE: Were there other examples of kind of out of date technique. I don't know whether you would call it out of date technique, but there are better tools to do the same jobs here. Were there other advances in their equipment?

DR. DeBAKEY: Well, we would, I would say that their suture, sticking the silk suture is an example of that. It's probably related to economy more than anything else.

SCHANCHE: What is technically the drawback of silk sutures as opposed to plastic?

DR. DeBAKEY: Well, silk is alright, nothing wrong with the use of silk that could be used; plastic is, which is dacron suture, it lasts longer, doesn't deteriorate, it holds tissue better.

SCHANCHE: Is this the first time, to your knowledge, that a patient had been awakened while his heart was in ischemic arrest, in your experience?

DR. DeBAKEY: No, I've seen, while massaging a patient who was in ischemic arrist, seen a patient wake up.

SCHANCHE: But not, of course, they wouldn't be awakened here if they were on the pump, they would be anesthetized.

DR. DeBAKEY: Yeah, asleep. But then, they have occasionally.... we occasionally experience a patient knowing that he was awake. That is escaping from the anesthesia, you know, light anesthetic; and they're not given enough, or he will temporarily be awakened.

SCHANCHE: Would it be a good thing, to have a patient awake during this kind of surgery?

DR. DeBAKEY: Not necessarily, in fact, it might not be.

SCHANCHE: Why not?

DR. DeBAKEY: Well, its a matter of anxiety on the patient. It's better for them not to know what's going on.

SCHANCHE: What is a boric unit?

DR. DeBAKEY: Bovie.

SCHANCHE: Oh, it's boric here.

DR. DeBAKEY: You see, I have not had a chance to read.....

Bovie unit---that's the cauterization, electric cauterization.



SCHANCHE: I couldn't figure out boric. I figured it was boric acid.

DR. DeBAKEY: I haven't read it since it was typed.

SCHANCHE: Did this patient wake up after the surgery---did they wake him again?

DR. DeBAKEY: Yes.

SCHANCHE: Did he say anything at the conclusion of it?

DR. DeBAKEY: No, I don't think so. I don't remember him saying anything.

SCHANCHE: Was there any of the feeding that seems to go along with acupuncture--did they give him an orange or water or tea or anything?

DR. DeBAKEY: No, they didn't give him anything, if I recall correctly. This wasn't a regular thing. In fact, I only saw this in a couple of places.

SCHANCHE: Other people who have seen this, always describe the patient as being given an orange.

DR. DeBAKEY: Yeah, that's right, that's what they use.

SCHANCHE: When you went sightseeing in Shanghai, how did you find the city? This is one of the most exciting cities in the world, twenty five years ago.

DR. DeBAKEY: I didn't notice that aspect of it. It didn't seem to me that it was that exciting. Of course, I was there only a few hours, really as far as sightseeing is concerned. Just a few hours traveling by automobile. They showed me the home of Dr. Sun Yat-sen, they showed me the waterfront, several buildings, we went up to one of the, the tallest buildings there, I think it's twelve or fifteen stories, something like that. You could see a nice view of the city from there.

SCHANKE: The waterfront buildings, I gather, are still the old basically British buildings that were there.....

DR. DeBAKEY: That's right. Exactly.

SCHANKE: Spent some days of our youth there...if you've ever been there, you feel the lingering presence of the old colonial.....

DR. DeBAKEY: Well, you could see that in the buildings. You see, the hotel I stayed in was built by the British. You could see that.

SCHANKE: It's a pretty sharp distinction to the new, drab buildings you were describing earlier.

DR. DeBAKEY: Yeah, that's right, definitely.

DR. DeBAKEY: And you could see, as you went by some of these older buildings, you know, that they were built in that period. And the architecture was of that period, and of course, they did have some character.

SCHANKE: But you didn't have one of those plastic moments, where I stopped to think of Shanghai twenty five years ago?

DR. DeBAKEY: No.

SCHANKE: Back to the whole of this, the advance that they made from virtually no medical care twenty five years ago.

DR. DeBAKEY: Well, I think, you see, there are several aspects. One, of course, relates to the tremendous change that they have made in providing some medical care to all the people. Virtually all of the people. They have made it available.

SCHANKE: Well, it actually boggles the mind. To go from twenty five years ago, 9,000 doctors, no medical care in the country at all apparently, except for some care, to what you're describing today, this is pretty comprehensive population-wide medical care.

DR. DeBAKEY: Yes. And they have brought it down to the people. He made the city doctors and the most sophisticated

DR. DeBAKEY: doctors go out there and live for a while. Forced them to do it. To make them realize what the situation is.

SCHANKE: We'll get back to the philosophy of that in a minute. The question is, based on what you saw, and assuming that what they told you is true, these same conditions exist throughout most of China. How does their delivery of health care compare with ours or with most western nations? That is, as it touches the individual citizen.

DR. DeBAKEY: Well, I would say that from the stand point of availability, it is probably more available to the average citizen. He doesn't have to worry about it, how much it's going to cost him to go to the hospital, He doesn't have to worry if he needs a serious, catastrophic problem taken care of. So he has got medical care available to him, now, he may question the quality of that care, let's say. Well, I would say that if he needed an open heart operation, you see, he could get it.

SCHANKE: Providing he could get to the center that had it.

DR. DeBAKEY: That's right.

SCHANKE: This must be still a difficult problem. Simple transportation.

DR. DeBAKEY: Well, transportation isn't....you know, they still can get from place to place by train.

SCHANKE: Well, did they indicate that it's fairly easy to get a patient moved from a very remote.....

DR. DeBAKEY: Yeah, oh sure, they do, for example, they have these emergency centers distributed throughout a metropolitan area and the regional area. We visited one of them, the Burn center, Trauma Center, that's where they specialize in the, primarily trauma; and there they had most of the traumas. A fellow cuts his arm off in the factory, they pick up that part of the arm that he cut off and cool it and transport this fellow right away. Within a few hours they've got it.....

SCHANKE: Did you say they'll do this from anyplace in China, or is this only if you happen to be fairly close to the center....

DR. DeBAKEY: No. No, from any place. They transport them.

Now, I didn't mean they'll transport them all to Peking. No, that's a long ways.

SCHANKE: No, but they will get them to a center?

DR. DeBAKEY: To a center in that region, yeah.

SCHANKE: Did they describe how they do this? Do they use airplanes, trains?

DR. DeBAKEY: They may use planes, they said, but in most instances, they do it by ambulance. They have these cars and ambulances for that purpose.

SCHANKE: Where you went, the villages you went to, did they seem to have adequate communication so that you could get an emergency call through on the phone.

DR. DeBAKEY: Oh, yes. Telephones worked.

SCHANKE: According to the criteria you were given, that is, you were given infant mortality. You were given a kind of guess at the national death rate. They didn't really show you disease morbidity figures for individual diseases. I guess what they did say that they had pretty well stamped out certain things like venereal disease, cholera and what not.

DR. DeBAKEY: That's right.

SCHANCHE: Did they mention systemic diseases or any of these things....

DR. DeBAKEY: Yeah, systemic and those kinds of diseases, they still have those. They said that. They still have to deal with some of those problems, they haven't eradicated them yet.

SCHANCHE: And these are all basically population fungi and diseases?

DR. DeBAKEY: That's right.

SCHANCHE: You mentioned typhoid, typhus...are these a thing of the past now?

DR. DeBAKEY: They apparently have it under control.

SCHANCHE: Well, judging this then from a public health standpoint, can you again make a comparative judgment, because this is pretty astonishing, too, in twenty five years.

DR. DeBAKEY: Oh, yes, I think that's what's so impressive. I don't think there's any question about it. Yes, I think they do a better job public health wise than we do and the reason for it is that they have inspired

DR. DeBAKEY:     their people to do public health, you see, they call it the patriotic health campaign and they have made their people right down to the lowest citizen, average citizen, responsible for health. They follow Mao's teachings, they just believe anything he says. Even if he says you must have self-reliance, that public health is a matter of self-reliance as well.

SCHANCHE:       Well, they-ve deified Mao, I don't think we'll ever deify Richard Nixon.

DR. DeBAKEY:     No, I don't think so. That's really an amazing thing, you know, really. Extraordinary.

End of Side One---DeBakey on China Tape.



SCHANCHE: If you don't mind, I'm just going to systematically go through your paper right from the start.

DR. DeBAKEY: Yeah.

SCHANCHE: First of all, who are these people you're traveling with? I'll just name them. Harry Becker.

DR. DeBAKEY: He is....I'll have to get that....I have their titles and so on....I'll get that for you.

SCHANCHE: Well, do you want to do all of those at one time?

DR. DeBAKEY: Yes.

SCHANCHE: General William Draper?

DR. DeBAKEY: He is head of this Population Council or something in Washington. Its a private voluntary organization.

SCHANCHE: Were all of these people doctors?

DR. DeBAKEY: No, no. Let's see if I have that. Population Crisis Committee. He's the honorary chairman.

SCHANCHE: He is not a doctor?

DR. DeBAKEY: No, he's not a doctor. He's interested in population control.

SCHANCHE: Do you have everyone's background in that folder?

DR. DeBAKEY: Well, I don't know, we'll just have to see, I may or may not.

SCHANKE: How many of these actually are important to what you're doing. Do we need to list all of them?

DR. DeBAKEY: Well, I don't think any of them are really important to what I'm doing.

SCHANKE: You and Dr. Becker are the only ones who are watching the surgical procedures?

DR. DeBAKEY: No, the others, you know, were there too. But they weren't important to what I was doing, as a matter of fact, I don't know that there is any need to even refer to their being with me.

SCHANKE: Okay, well, let's skip along here. When you were briefed at the....Tarrytown Conference Center by Professor Winter, was this just kind of a basic background.

DR. DeBAKEY: Yeah, that was just, the idea was to try to give us a sort of a basic background.

SCHANKE: And he was clearly a well informed person?

DR. DeBAKEY: Yes, he was well informed. I don't know how many trips he had made to China, but I think he had made one or two.

SCHANKE: And the China-America Relations Society, which was

SCHANKE: the sponsor of this trip.

DR. DeBAKEY: Yeah, this is a private organization set up really to, I guess, its purpose is to try to develop better relations. Mr. Tom Manton headed it up.

SCHANKE: What is he, sort of executive director of that society?

DR. DeBAKEY: Yes.

SCHANKE: The whole thing?

DR. DeBAKEY: Now, here's the list of people. Harry Becker is Vice-Chairman and Secretary. He acted as Vice-Chairman and Secretary of our group and he is Professor of Community Medicine Albert Einstein College of Medicine in New York. Alton Blakeslee is the Science and Medicine Editor.

SCHANKE: Yeah, he's still with the AP.

DR. DeBAKEY: Yeah, he's still with the Associated Press. Now, I told you about Draper. Now, Dr. Geiger. Dr. H. Jack Geiger is Visiting Professor of Medicine at Harvard Medical School. I don't really know what he is doing with the Relations Society. He had worked, because he referred to this, in a sort of community medical center in Mississippi. Nancy Hicks is a

DR. DeBAKEY: health writer with New York Times. Frederic Holschuh is a member of Hawaii Emergency Physicians Associated in Honolulu.

SCHANKE: He's a doctor?

DR. DeBAKEY: Yeah, he's a doctor. Sister Irene Munoz is a nurse and she's director of the Muscatine Migrant Health Program in Muscatine, Iowa. She's a Mexican-American. Lillian Roberts is Assistant Director of District Council 37 State and County Municipal Workers Union in New York. And Ernest Seward is a doctor, He's Associate Dean of Extramural Affairs and Professor of Social Medicine at University of Rochester.

SCHANKE: How do you spell his last name?

DR. DeBAKEY: S a w a r d. And Mitchell Spellman is a doctor. He's Dean of The Charles R. Drew Postgraduate Center in Los Angeles.

SCHANKE: Is that an old organization, the China-America Society?

DR. DeBAKEY: No, I don't think so. I got the impression that it had only recently been developed and established.

SCHANKE: Presumably, this all has to do with the Department of State.

DR. DeBAKEY: Well, I don't, yes...I presume so. Actually it really didn't have too much to do with the government. You see, it was done on a private basis with.....

SCHANKE: Okay, you mentioned that because of the...this being the first medical group sponsored by that society, that it was very significant.

DR. DeBAKEY: Yeah, I think, you know, we had the impression this was really the first kind of sponsorship from the China Medical Association to have a medical group, to have an exchange.

SCHANKE: They didn't sponsor Dr. Dimond and Paul Dudley White and others who've gone?

DR. DeBAKEY: I don't quite know how they went, you see...In an article which was in, I think Medical World News, this was shortly after President Nixon's visit and they, as it says here, the new order felt secure enough to invite several American doctors to examine the carefully selected but widely varied aspects of China medical care program. Now, the four who

DR. DeBAKEY: accepted the invitation, I presume, these are formal invitations, by the Chinese, I guess Minister of Health, I don't know, or government.

SCHANKE: Well then, in a way this would represent a kind of normalization of this kind of visit.

DR. DeBAKEY: Yes. Now, my own position in this matter is that you see, I received two invitations from the Chinese government and got visas to go about twelve, thirteen years ago, and the State Department wouldn't let me go.

SCHANKE: This was during the Eisenhower administration, wasn't it?

DR. DeBAKEY: No, it was during....when was John Kennedy president?

SCHANKE: 1960.

DR. DeBAKEY: All right, then one of them was at the time that he became president, shortly after he became president. And one before that. And the State Department wouldn't let any American citizen go.

SCHANKE: How did they send these invitations?

DR. DeBAKEY: They sent them to me through, well, on one occasion when I was in India. I was at that time working in India as Visiting Professor in Bombay, and the invitation came through the Chinese Embassy while I was there,

DR. DeBAKEY: and I tried to get them to let me go then. I went to the American Embassy there in Bombay, Dulley.

SCHANCHE: Dulley.

DR. DeBAKEY: And then later I got another visa from them. Now, these came, I'm sure, through the request of several of their prominent surgeons whom I had gotten to know at international medical meetings. Professor Wu was one of them.

SCHANCHE: In the transit to China..it doesn't strike me as terribly interesting, but in flying from Karachi to Peking, the plane was about one third full, were there many Chinese passengers on the plane?

DR. DeBAKEY: Some, not many.

SCHANCHE: Did you have...was there any byplay, interplay between you and other passengers on the plane?

DR. DeBAKEY: No.

SCHANCHE: Nothing of interest?

DR. DeBAKEY: No.

SCHANCHE: In the scenery...you fly right along the Himalayas.

DR. DeBAKEY: Yeah, very striking. You can look down and see the mountains, mountain range, They're snow-capped, very rugged.

SCHANKE: Did you see Everest?

DR. DeBAKEY: Now that...., no, I couldn't be sure I saw Everest.  
But we certainly saw these high mountain ranges.

SCHANKE: Dr. Wu Ying Kai---incidentally are your spellings  
correct do you think?

DR. DeBAKEY: I haven't proof read it. I haven't had a chance to  
do that. I'm gonna have to do that.

SCHANKE: Where did you first meet him? Do you recall?

DR. DeBAKEY: I think in Mexico at the International Society meeting.  
That's about fifteen, sixteen years ago.

SCHANKE: Is he a cardiovascular surgeon?

DR. DeBAKEY: Yes. Yes, I refer to him.

SCHANKE: Can you describe him---what kind of person he is?

DR. DeBAKEY: He's a very warm, nice person. Very able, speaks  
English well, had had some experience in this  
country before.

SCHANKE: Was he trained here?

DR. DeBAKEY: Yeah, was trained, partly trained in St. Louis. I  
may have a picture of him here. You know, I had  
a tragic thing happen to my camera and we don't  
know why. Didn't do any good at all.



SCHANCHE: What kind of camera did you have?

DR. DeBAKEY: Well, I was using one of those Instamatics and much of, well, I took two, a Rolle and a Instamatic, fortunately some of the Rolle films came out, but the Instamatic, not a single thing came out. But I had some beautiful shots I had taken. But I'm going to get copies from another one of the group.....he's on the right side....see....way over here.

SCHANCHE: Not with the white coat?

DR. DeBAKEY: Right here. That's his hospital, where he works.

SCHANCHE: He trained in St. Louis?

DR. DeBAKEY: Yes, he trained in St. Louis.

SCHANCHE: At some point, when you travel like this into territory that you've never been in before, were you sort of, you're involved in the rush of getting there and the confusion and so forth, but at some point you sort of settled in and impressions start coming through more clearly. Did this happen to you when you got to the hotel where you....or at some point after you landed and what were your first strong feelings.

DR. DeBAKEY: Well, the first impressions, of course, were our receptions.

DR. DeBAKEY: When we were met at the airport.. Incidentally, the airport reminded me so much of one in Moscow, on my first visit to Moscow. I don't know whether it was built like it or perhaps influenced by the Russians, because you know, they worked with them...

SCHANKE: It was probably not terribly busy, also.

DR. DeBAKEY: No, not very....not busy at all. And, again there was this delegation, you see, that came out to meet us. It was very warm and gracious and they were very, very nice.

SCHANKE: Actually came out to the airplane, as you got off the plane?

DR. DeBAKEY: Yes. And they sort of took care of everything, took care of our luggage and our passports and going through customs and all.

SCHANKE: Was the ground snow-covered?

DR. DeBAKEY: Yes, it was snow.

SCHANKE: It was pretty cold, wasn't it?

DR. DeBAKEY: It was very cold, that's right. It was below zero.

SCHANKE: Was the landscape kind of bleak?

DR. DeBAKEY: Yeah, rather bleak, that's right. Drab and bleak, cold.

SCHANKE: Snow clean-looking. Since they have the same seemingly....

DR. DeBAKEY: Yeah, there wasn't a great deal of snow. But you could see snow and, a little, still on the ground and some that had accumulated and pushed away, and that persisted pretty much while we were there.

SCHANKE: What...did they take you by bus to the hotel?

DR. DeBAKEY: Yeah. One thing you're impressed with is the fact that there is very little evidence of any grass any place.

SCHANKE: Was that because it was mid-winter or?....

DR. DeBAKEY: Well, to some extent. But also because they apparently don't, at least in that part of the country, Peking, grass is not, you know, they don't take the trouble and time to grow grass.

SCHANKE: Trees?.....

DR. DeBAKEY: Oh, yes. They had planted trees all along the highway on each side from the airport, you could see that. All the way down, they had planted trees. They were relatively young. And they had planted trees in the city too. But, of course, they weren't green, it was winter.

SCHANKE: Lot's of activity?

DR.DeBAKEY: No, not at the airport. And as far as the city is concerned, yes, you see some activity in the city, you don't....you're impressed with the fact that there aren't any automobiles. There are some trucks, some jeep-like vehicles that obviously are army vehicles. But large numbers of bicycles, literally thousands. That's the cause of the traffic jams as a matter of fact, bicycles. People riding bicycles. And you see a lot of people wearing white masks, they do this.

SCHANKE: Not to catch cold.

DR.DeBAKEY: Or if they've got a cold, they're considerate by not transmitting it.

SCHANKE: Did you start immediately becoming involved with the Chinese hosts?

DR.DeBAKEY: Yes, well, they set down with us, after we got in, and discussed with us the program and wanted to be sure this was what they had set out was all right with us, did we want to do anything else and that sort of thing.

SCHANKE: At what point do your relations with them start becoming personal, rather than.....

DR.DeBAKEY: Well, I would say gradual, progressively, because they were so warm and so nice and more and more you could see a warmer friendship developing. They were smiling and kidding a little bit sometimes.

SCHANKE: Everyone was exhausted on the plane and went to bed except you and Dr. Becker, who stayed up to talk to the representatives.

DR.DeBAKEY: Yeah, that's right.

SCHANKE: To make plans....was there anything about this meeting that was....

DR.DeBAKEY: No, the idea was to...you see, I was chairman of the group, and in their kind of lifestyle there is a leading member everywhere you go, and I was representative or leading member of the committee.

SCHANKE: You're first visit on Friday to the Peking Tuberculosis Institute, Dr. Ho-Mou, was he surgeon? Or just a TB specialist of some kind or an administrator or do you have any idea?

DR. DeBAKEY: He was the one that was head of it? I don't think he was even a doctor, I think he's the administrator.

DR.DeBAKEY: Many of those people that we....who represented the leading member of the institutions were administrators.

SCHANKE: Now, you come to your very first exposure to acupuncture anesthesia.

DR.DeBAKEY: Yeah.

SCHANKE: Tell me what you, briefly, what you thought, what you anticipated about acupuncture.

DR.DeBAKEY: Well, I had read about it, of course. And I was interested in seeing how it was going to be done and I watched it very carefully.

SCHANKE: You have remained pretty skeptical about this applicancy of acupuncture anesthesia, haven't you though, up until this....

DR. DeBAKEY: Did you read where I gave you what I wrote on acupuncture? Well, you see, it's very difficult to assess this properly. Just by a few observations. Secondly, unless you've had experience with it in surgery with local anesthesia, you can be easily swayed so to speak in looking at this and believing,

DR.DeBAKEY: My God, here's a patient that's operated on without anesthesia.

SCHANCHE: You may think something startling that is not exactly startling.

DR.DeBAKEY: No. You see, because I've seen these same operations done on local. Patients wide awake and so on. Now what acupuncture or needling does to make the patient relaxed and able to tolerate the operation, I don't really know how much of it was psychological, how much of it is his acceptance of it. You gotta keep in mind that acupuncture in China goes back over two thousand years, if fully accepted by the masses as a therapeutic modality. They accept it like we would accept aspirin or some other drug, penicillin and so on; as something that they believe in. It's use to anesthesia was only relatively recent, but here's something they believed in. You know, if we suddenly found aspirin could be used by anesthesia, it would be an easy transfer of acceptance.

SCHANCHE: I trust you.

DR. DeBAKEY: And this is the important thing to understand. Secondly, they themselves, I asked them very simply, why don't you use it in all cases if it's all that good. It has all these advantages, why don't you use it at least in the majority of cases. Obviously, it doesn't have that kind of application or they would.

SCHANKE: I'm surprised by your figure which has a high of thirty per cent, because previous reports by people like Walter Tkach, the President's GP had it just the reverse, They said they were told seventy percent elected acupuncture in this particular hospital.

DR. DeBAKEY: In none of the hospitals I visited. I asked. They told me....the figures varied. In one place it was twelve per cent, another place it was eighteen per cent.

SCHANKE: So, you...what feelings you brought to this experience before you observed this first operation, were, I suppose, a healthy scientific skepticism, right? I don't mean to put it down, but that nobody knows much about this....



DR. DeBAKEY: No, they don't know very much...you know, the interesting thing and I think this is important, they themselves are very modest about it. They don't take the attitude this is going to replace anesthesia at all.

SCHANCHE: For example, describe a conversation with a Chinese man....

DR. DeBAKEY: Well, one of the doctors on the...who is an anesthesiologist, said, you know, we use all types of anesthesia. Acupuncture is just one of those that we have incorporated in the methods of anesthesia we employ. While we don't know the exact mechanism, we are convinced that it is useful and does work, and therefore we use it in these selected cases. And he said, of course, there are some cases we use it in where it proves not to be effective and we have to supplement the anesthesia with local or general and we do it. Perhaps ten per cent of the cases, he said.

SCHANCHE: Did you point out to them your experience with local anesthesia and the fact that very often a sort of surface anesthetic is used for abdominal operations....

DR. DeBAKEY: Yes, they said the difference they thought, in terms of what they observed, because they use local too, and you see, one of the doctors was using local plus acupuncture, was the general kind of effect upon the patients general condition. That he reacted not as a patient whose having general anesthesia. Well, they didn't ...they weren't convincing about this and I got the impression they really weren't sure. You see, you can't really know how much of this is acceptance of the sort of Mao doctor. Now, much of what's transpired here is the effort to integrate the Chinese medicine, traditional medicine with modern, western medicine. You've got to keep in mind that up until the Cultural Revolution, the western trained Chinese doctors kind of looked down upon the traditional Chinese medicine. Including acupuncture and the various things they did, herbs and anything else they used. And they were criticized during the Cultural Revolution for being a part of the elitest group, which was of course represented

DR. DeBAKEY: by Lin Shao-ch'i, who kind of, who was the apogee of the elitest managerial system that he wanted to put into effect, similar to the Russian system. To what extent, there was this difference in ideology, and to what extent there was a power struggle at the top between Mao and Lin Shao-ch'i, I don't know, it's hard to say. The fact remains that the Cultural Revolution was really basically a revolution that Mao sort of instigated to overcome this group of ch'i.

SCHANKE: I was going to come to that later, but since you're on it, did any of the doctors, surgeons, physicians, so forth, describe to you what actually happened to them during the Cultural Revolution.

DR. DeBAKEY: Oh, yes, several of them did. Dr. Wu, for example, and he told about his experience and what great value it was for him to go out to the rural areas and to work in one of the communes and to learn about the people and have a better understanding of their medical needs and that this was a great experience for them.

SCHANKE: Now he's probably the leading heart surgeon in China?

DR. DeBAKEY: He's one of them, yes. Certainly.

SCHANKE: Did he give any detail about this, what his initial reaction was when they wanted to send him out to the country?

DR. DeBAKEY: Well, I think, it's difficult to say....

SCHANKE: Or is it presented only in the positive terms.

DR. DeBAKEY: He presented it all in a positive term. It's very difficult to know how much of this is sort of general, let's say, sane acceptance of reality and going along with it. There is no question about the fact...and, of course, some of them, I am sure, have gotten to the point where they now believe all of this completely. You know, they've had to say it and they've had to live it.

SCHANKE: I expect they do.

DR. DeBAKEY: And they just believe it now. There is nothing else for them to do if they want to live.

SCHANKE: Did it pass through your mind when you began hearing these stories from the Chinese doctors, what a similar situation here would do, if you were suddenly taken from an institution and sent to Appalachia or somewhere like that?

DR. DeBAKEY: Well, of course, we've had experiences voluntarily. We've had doctors who've volunteered to go out and do things, but the difference, of course, I think is the fact that in our total system, this rarely works. Whereas, in their system, they've made it work.

SCHANKE: Well, they've by now apparently felt that they had to have some convulsive upheaval throughout society to re-orient everybody.

DR. DeBAKEY: That's right.

SCHANKE: But I guess all of them told essentially the same story as far as their re-education went during the Cultural Revolution.

DR. DeBAKEY: Yes, pretty much. There was no criticism of it.

SCHANKE: Did Dr. Wu say what he actually did during that period?

DR. DeBAKEY: Yes. He went into one of the communes and stayed out there for six months or so, or maybe a year.

SCHANKE: Practicing general medicine?

DR. DeBAKEY: Yes, that's right. And helping to train some of the workers out there. The secondary health workers, the barefoot doctors.

SCHANKE: Of course, that would be a refreshing experience.

DR. DeBAKEY: I think some of them actually may have enjoyed it. They talked in a refreshing way about it. It really did help them to get re-oriented and made them better able to understand what they were doing in their own hospitals.

SCHANKE: But you don't envy them this experience, do you?

DR. DeBAKEY: Well, I don't know, it's really hard to take a critical point of view about this. You see, it's a different culture, a different, you've got to look at the situation as it existed. You've got to remember that up until the Revolution in China, it's estimated that there were no more than perhaps, I think the best estimate, is no more than 20,000 western-trained doctors. For a population of perhaps 500 million people. Eighty five per cent of the people lived in rural areas, on farms, there was virtually no medical care for them, except the traditionally trained physicians who were out there and even these were in short supply, and the great majority of them were in the cities.

SCHANCHE: I'm going to kind of quickly go to this first operation that you observed because by far the most interesting surgery is the last one that you saw in Shanghai. You give it more attention.

DR. DeBAKEY: Well, I did a little more detail for the open heart surgery. But, in general, I would say the surgery, the performance itself, the surgical performance, was good. Technically, they are well trained.

SCHANCHE: In the teaching hospital, they told you they had performed 1,600 operations since 1965. That's really not very many, is it? Roughly 200 a year.

DR. DeBAKEY: They don't...I didn't say their surgical schedule is a heavy one at any place.

SCHANCHE: You don't describe the surgeons in this case. Were they men, women....

DR. DeBAKEY: The surgeons were men. All the surgeons I saw were men.

SCHANCHE: As far as the surgical procedures went, you seem to be surprised, I'm not sure that you are, you seem to be surprised by wearing white coat, cap, mask and

SCHANKE: slippers over your clothes.

DR. DeBAKEY: Yes, well, it reminds me of my early days in Russia, the same sort of thing. We wouldn't allow anyone in the operating room who didn't change clothes and put on regular operating room pajamas and so on.

SCHANKE: You didn't scrub, you just went into the room? Was there much byplay between the doctors and the patients during the operation?

DR. DeBAKEY: Not a great deal, no. There was a little between the anesthetist, for example, the anesthetist would wipe his brows sometimes or talk to him occasionally or give him a little sliver of orange to chew.

SCHANKE: In administering, you say ten milligrams of morphine, just behind and below the left ear, what would the effect of that be?

DR. DeBAKEY: Well, I don't know. They said that's a point, so they gave the morphine there. They said it's one of the points, acupuncture points, it occludes there; they didn't keep a needle there.

SCHANKE: As a doctor and a scientist, what do you say of this procedure?



DR. DeBAKEY: I don't know why they just didn't give it subcutaneously in the arm, in the usual place.

SCHANKE: Would the morphine, in this case, and have the same general effect on the patient?

DR. DeBAKEY: Yes, no matter where you put it.

SCHANKE: When you watched the patient during acupuncture, there was one who showed a little discomfort, but the others didn't seem to.

DR. DeBAKEY: Yeah, there was one who flinched a little when they made a stab incision, put the tube in. But the others all reacted pretty well in terms of showing little or no discomfort.

SCHANKE: You've seen an awful lot of people in your life in duress and extreme situations, do you think anyone could be that taciturn, and would not react to being, to a surgical incision....

DR. DeBAKEY: Well, of course, they all received a certain amount of sedation, pre-operatively. How much, I don't really know, because they gave us the figures but you couldn't be sure. They were also receiving five

DR. DeBAKEY: per cent dextrose and water intravenous which included some sedation, so its hard to know. They weren't knocked out, but they were obviously tranquilized.

SCHANKE: You said when they did chest surgery on a person, don't you have to, I mean, there's a pressure differential between the inside of the chest and the outside....

DR. DeBAKEY: That's what we call mediastinal shift, but if the mediastinum is reasonably fixed there won't be any shifts, so that they can breathe with the lung, other lung and get an adequate amount of ventilation.

SCHANKE: That's only if you do.....

DR. DeBAKEY: It's a normal person with a mediastinal that moves back and forth, then, of course, it is what we call mediastinal shift and then the lung collapses and they can't breathe; no negative pressure.

SCHANKE: Just in a technical sense, in what they were using for their surgery in the way of surgical equipment, you said they used silk sutures throughout.

DR. DeBAKEY: All through, nothing else.

SCHANCHE: Did they explain, why don't they like plastic sutures or don't they manufacture them?

DR. DeBAKEY: They don't have them.

SCHANCHE: They just don't have them. And they're not prepared yet to go out in the world at large and get it. How about their equipment?

DR. DeBAKEY: Well, the instruments were pretty much standard instruments. I would say reasonably good instruments, manufactured for the most part in Shanghai. But the operating room was very simple. There was only a simple tray of instruments, not comparable to our operating rooms. There weren't all the monitors you see in our operating rooms, expensive anesthetic equipment, intravenous, and so on. Very, very simple. They had a blood pressure cuff on the patient and that's about it.

SCHANCHE: Did they express any regret over the lack of facilities....

DR. DeBAKEY: No. They seemed content with what they were doing.

SCHANCHE: Not boastful about it?

DR. DeBAKEY: No, they weren't boastful. No, they never boasted.

DR. DeBAKEY: They didn't boast, except to try to put in the best light possible, what they have been able to do, and to give credit to Chairman Mao. There was a few who referred to that.

SCHANKE: What actually went on in the operating rooms from your point of view. You had an interpreter telling you what...a particular thing, or...were you just watching?

DR. DeBAKEY: No, we were watching the surgery and occasionally would ask a question or the surgeon would point to something and the interpreter would tell what he was saying. Very little conversation there.

SCHANKE: After the...incidentally, each day you were involved with Chinese people, throughout the day, can you recall noteworthy conversations or incidents or events that....with the people you encountered...stories they told you....expressions of their sense of humor?

DR. DeBAKEY: I don't think...well, let me say that as far as expressions of their sense of humor are concerned, I...there weren't any jokes told or anything like that, but they were, they seemed joyous, they seemed happy and certainly smiling.

DR. DeBAKEY: I think, when they showed, when we went to the Imperial, just as an illustration, when we went to the Imperial Palace, the Forbidden City, on one or two occasions, the interpreter would mention something about the various, you see, he had a number of buildings, there were a number of buildings there where the Emperor actually worked, and had different functions. I remember she said something to the effect that it's obvious that he could have just kept busy going from one house to another, he had so many of them.

SCHANKE: Well, did you have one interpreter assigned to each of you?

DR. DeBAKEY: Yes.

SCHANKE: Your interpreter was who?

DR. DeBAKEY: Well, actually, I had more than one interpreter. I had a woman, and then there was a man by the name of Mao, the head interpreter. And then the young man who went, who rode the train with me to Shanghai, he was another interpreter. So there were really three of them.

SCHANCHE: Were they medical people?

DR. DeBAKEY: No. None of them.

SCHANCHE: Were they well informed? So they could....

DR. DeBAKEY: Yes, reasonably well informed.

SCHANCHE: So they had some medical terms. Probably from wading western doctors through hospitals.

DR. DeBAKEY: Well, they didn't have a great deal of terms in medicine. They hadn't met the other doctors who had been there.

SCHANCHE: Was Dr. Wu with you most of the time?

DR. DeBAKEY: While I was in Peking, he was with me a great deal of the time. He went to the Great Wall, we drove together to the Great Wall and had long discussions with me. He told me a great deal about what the Cultural Revolution meant and what it was and what generally what its effect was on medicine, how it really helped to emerge the two methods of medicine. Of course, he was all for it.

SCHANCHE: Did he invite you to his home, or did anyone?

DR. DeBAKEY: No. Nobody invited us to his home. So we never did get to anybody's home.

SCHANKE: You didn't meet their families?

DR. DeBAKEY: No.

SCHANKE: Strictly on a professional basis.

DR. DeBAKEY: Yes.

SCHANKE: Did you get involved with any individual Chinese in more than a formal way?

DR. DeBAKEY: No .

SCHANKE: You didn't. On to their pharmaceutical factory which they took you to, was it your impression that their pharmaceuticals, the manufacture and so forth, was at least adequate?

DR. DeBAKEY: Oh, yes, you got the impression that its reasonably modern. They are not as sophisticated as our pharmaceutical factories. For example, many of our pharmaceutical factories are totally automated. These are not totally automated. But, they've got people sitting at the bench there working these machines.

SCHANKE: But the machines are....

DR. DeBAKEY: But the machines are worked...right, exactly.

SCHANKE: So this is not hand labor.

DR. DeBAKEY: Well, no, it's mechanized.

SCHANKE: Did you come across any interesting or surprising pharmaceutical or any interesting or surprising.....

DR. DeBAKEY: No.

SCHANKE: How about in herbal medicine? Did you get into that very much?

DR. DeBAKEY: No, not too much. In the commune, for example, I saw an herbal pharmacy that was run by one of the barefoot doctors, and he had these crude drawers, that he had actually made himself filled with these various herbs, you could see them. Dried herbs of various kinds. Dried animal particles and minerals. He knew what they were and he had Chinese characters representing labels and he prescribed them for various things.

SCHANKE: Did they have an herbal pharmacy book, to keep records?

DR. DeBAKEY: Yes, they do. It's published.

SCHANKE: This involves literally thousands of herbal combinations.

DR. DeBAKEY: Yes, I think five or six thousand different items.